



*Executive Council of Physical Therapy and  
Occupational Therapy Examiners*

**333 Guadalupe, Ste 2-510  
Austin, Texas 78701-3942**

**512/305-6900 • 512/305-6951 fax  
<http://www.ptot.texas.gov>**

App. No: \_\_\_\_\_

Cert. No: \_\_\_\_\_

## PT Facility Registration Application

Name of Facility: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Area Code/Phone No. \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

**Check one box below**

- ☐ New Facility Registration
- ☐ Change of Owner (if yes, please answer below)
- Previous Registration # \_\_\_\_\_

**Check one box below**

Is this the only facility registered by this owner?

☐ YES ☐ NO

**Owner Information**

Type of Business (Check one) ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Government Entity

**Owner's Federal Taxpayer ID Number** (SSN allowed only if the owner is a sole proprietor and has no Federal employee ID number. Enter one number only.)

EIN   -         or SSN    -   -

**Name of the Owner:** if the entity is a sole proprietorship operated under the name of the owner, enter that name both here and in the contact information field on page 2.

For use by agency staff only

Completed by: \_\_\_\_\_  
Initial and date

Fee Received \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Initial and date

Receipt No. \_\_\_\_\_

**Owner Contact Information:**

- ◆ If Sole Proprietor-enter the information for the owner in the Name 1 box
- ◆ If Governmental Entity-enter contact information for the person authorized to act for the entity in the Name 1 box
- ◆ If Partnership or Corporation: enter contact information for the managing partner or officer in the Name 1 box and the other three (3) top officers in charge of physical therapy facility operations in the other boxes provided.

App. No: \_\_\_\_\_

You are required by rule to supply a list of PTs and PTAs working in the facility. Do NOT include the name of the Therapist in Charge, whose name goes on the TIC FORM below. Attach another page if you need to add more names.

Licensee's Name	License #

### Signature of PT in Charge

PLEASE NOTE: According to PT Rule §347.5, a change in PT in Charge must be reported to the board within 30 days. Your name will be officially listed with this facility unless you notify us otherwise.

I hereby affirm that I have authority and responsibility for the registered facility's compliance with the PT Act and Rules. I swear that the information submitted on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date